

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

226 W. Second Street  
Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Case/Debtor Name:**

**Case Number:**

**Chapter:**

**Hearing Judge** \_\_\_\_\_

☐ Bankruptcy ☐ Adversary

☐ Appeal ☐ Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** \_\_\_\_\_ **Time of Hearing:** \_\_\_\_\_ **Title of Hearing:** \_\_\_\_\_

Please specify portion of hearing requested: ☐ Original/Unredacted ☐ Redacted ☐ Copy #2<sup>nd</sup> Party)

☐ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

**Special Instructions:** \_\_\_\_\_

**Type of Request:**

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14-Day Transcript - \$4.25 per page (14 calendar days)

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**Signature of Ordering Party:**

\_\_\_\_\_  
Date: \_\_\_\_\_

By signing, I certify that I will pay all charges upon completion of the transcript request.

**FOR COURT USE ONLY**

Transcript To Be Prepared By

\_\_\_\_\_  
Date By

Order Received:

Transcript Ordered

Transcript Received